



## **Health Reform Dramatically Reduces Health Disparities by Improving Access to Quality Care for All Americans**

*Racial and ethnic minorities often have higher rates of chronic diseases, fewer treatment options, and reduced access to care. The Affordable Care Act (ACA), which includes the reauthorizations of the Indian Health Care Improvement Act and the Native Hawaiian Health Care Act, improves access to quality health care for all Americans and will make progress toward eliminating health disparities.*

### **Health reform addresses the health care needs of minorities, who traditionally have higher rates of chronic diseases.**

Racial and ethnic minorities experience disproportionately higher rates of disease, fewer treatment options, and reduced access to care. Between 2003 and 2006, eliminating racial and ethnic health disparities could have saved more than \$229 billion in direct medical care expenses. [[Joint Center for Political and Economic Studies](#), 9/09]

These groups have high rates of debilitating diseases and conditions such as cancer, diabetes, and obesity. For example:

- **Cancer:** Hispanic women contract cervical cancer at almost twice the rate of White women. For most cancers, African Americans have the highest death rate and shortest survival of any racial or ethnic group. [[American Cancer Society](#), 2011; [HHS](#), accessed on 4/18/12]
- **Diabetes:** African Americans are twice as likely to have diabetes as non-Hispanic Whites, and over 2.5 million Hispanic adults suffer from this disease. Hispanics are 1.5 times as likely to have diabetes as Whites. [[HHS](#), accessed on 4/18/12]
- **Obesity:** Four out of five African American women are overweight or obese, and African Americans were 1.5 times as likely to be obese than non-Hispanic Whites. Hispanics were 1.2 times as likely to be obese than Whites. [[HHS](#), accessed on 4/18/12; [HHS](#), accessed on 4/18/12]

### **Racial and ethnic minorities experienced reduced access to care prior to health reform.**

- **Health insurance:** Hispanics have the highest uninsured rate in the country, with nearly one in three without access to health coverage. Meanwhile, one in five African Americans are uninsured, compared to 16.3% for all Americans. [[HHS](#) (African Americans), 4/12; [HHS](#) (Hispanics), 4/12]

- Lack of a primary care provider and usual source of care: Hispanics and African Americans are significantly less likely to have a usual source of care compared to non-Hispanic Whites. Without access to regular care, Hispanics and African Americans tend to have worse health outcomes. [[HHS](#), accessed on 4/18/12]
- Lack of preventative care: Hispanics and African Americans are significantly less likely to receive recommended preventative services for diabetes, cancer, and HIV/AIDS than other Americans. [[HHS](#) (African Americans), 4/12; [HHS](#) (Hispanics), 4/12]

## **Health reform addresses health disparities by expanding access to care, improving quality of care, and developing the health care workforce.**

### **Expanding Health Coverage:**

- Minorities guaranteed health insurance coverage options: Starting in 2014, insurance companies are prohibited from denying insurance coverage to people who have pre-existing conditions or charging higher premiums to those individuals. Insurance companies also cannot determine insurance rates and coverage according to race and ethnicity or charge minorities more for their premiums.
  - According to a recent RAND analysis, 5.4 million Hispanics and 3.8 million African Americans who would otherwise be uninsured will gain coverage by 2016 as a result of health reform. [[HHS](#) (African Americans), 4/12; [HHS](#) (Hispanics), 4/12]
- Expanded coverage for young adults: As a result of health reform, young people can stay on their family health insurance plan until they turn 26.
  - 736,000 Hispanics and 410,000 African Americans who would otherwise be uninsured have coverage as a result of health reform. [[HHS](#) (African Americans), 4/12; [HHS](#) (Hispanics), 4/12]
- Access to affordable coverage through health exchanges: Under health reform, families with incomes above 133 percent of the federal poverty level (FPL), which is used as a guideline for determining financial eligibility for certain federal programs, who do not have affordable employer-sponsored coverage will be able to purchase insurance through newly created health exchanges. To ensure that coverage in the exchange is affordable, premium credits and cost-sharing subsidies will be available. For 2012, 133 percent of the FPL would be and is currently \$14,856 for an individual and \$30,657 for a family of four.
  - Over 3.3 million non-elderly African Americans, 5.7 million non-elderly Hispanics, nearly 274,800 non-elderly American Indians/Alaska Natives, and over 85,300 non-elderly Native Hawaiians and other Pacific Islanders will be eligible for premium tax credits. [[Families USA](#), 9/10 (Hispanics); [Families USA](#) (African Americans), 9/10; [Families USA](#) (AI/AN), 9/10; [Families USA](#) (NW/PI), 9/10]

- **Medicaid expansion:** Starting in January 2014, all individuals with incomes up to 133 percent of FPL will be eligible for Medicaid. The law also includes an extension of the Children Health Insurance Program (CHIP), which was created to target low-income families who do not qualify for Medicaid, but are unable to afford private insurance. In fact, nearly half of all Hispanic children currently rely on CHIP for their health coverage. [[NCLR](#), 1/12]
  - Approximately 4 million non-elderly African Americans, 6.4 million non-elderly Hispanics, over 277,800 non-elderly American Indians/Alaska Natives, and approximately 90,800 non-elderly Native Hawaiians and other Pacific Islanders will be newly eligible for Medicaid. [[Families USA](#), 9/10 (Hispanics); [Families USA](#) (African Americans), 9/10; [Families USA](#) (AI/AN), 9/10]

### **Improving Access to Care:**

- **Access to newly covered preventive services:** Health reform requires private insurance plans to cover recommended preventive services, including prenatal screenings and contraception. The law prohibits co-payments and deductibles for these services, eliminating cost barriers associated with the use of these preventive services.
  - An estimated 6.1 million Hispanics and 5.5 million African Americans with private insurance now have access to these new preventive services as a result of health reform. [[HHS](#) (African Americans), 4/12; [HHS](#) (Hispanics), 4/12]
- **Increased investment in Community Health Centers (CHCs):** The majority of health center patients are racial and ethnic minorities - 35 percent are Hispanic and 26 percent are African-American. The new law provides \$11 billion that will enable health centers to double the number of patients to 40 million by 2019. [[HHS](#) (African Americans), 4/12; [HHS](#) (Hispanics), 4/12]
- **Expansion of health care workforce and cultural competence:** Health reform makes critical investments aimed at increasing the diversity within the primary care, dental, mental health, and long-term care workforce. [[NCLC](#), accessed on 4/18/12; [HHS](#), 4/12]
  - Health reform has nearly tripled the number of clinicians in the National Health Service Corps. As a result, Hispanic and African American physicians now make up almost 39% of the Corps, compared to their 12% share of the national physician workforce. [[HHS](#) (African Americans), 4/12; [HHS](#) (Hispanics), 4/12]

### **Strengthening Medicare:**

- **Access to newly covered prevention and wellness services:** As a result of health reform, seniors now have access to free preventive health services, such as cancer and diabetes screening. The law provides a new, free, annual wellness visit and eliminates out-of-pocket copayments for preventive benefits.
  - As a result of health reform, nearly 4 million elderly Hispanics and 4.5 million African Americans now have access to this expanded list of preventive services. [[HHS](#) (African Americans), 4/12; [HHS](#) (Hispanics), 4/12]

- Affordable prescription drugs: Health reform lowered prescription drug costs by an average of \$635 for 5.1 million seniors last year. The law provides seniors who hit the so-called “donut hole” with a discount on brand name drugs. Seniors will receive larger discounts each year, and the law eventually closes the “donut hole” completely. [[HHS](#), 3/19/12]